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FEC

STATEMENT OF

ORGANIZATION 2007 JAN -B A 10: 26 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. DEMICRATIC LUNCHEON CLUB OF SAN BERNARDINO P 0 BOX 451 ADDRESS (number and street) (Check if address is changed) 92402-1 ISAN BERNARDINO ZIP CODE A CITY A STATE A COMMITTEE'S E-MAIL ADDRESS 11 wfladdeeee. org COMMITTEE'S WEB PAGE ADDRESS (URL) WWW. Sbdems. Com COMMITTEE'S FAX NUMBER 19,0,9,-1381-12085 FEC IDENTIFICATION NUMBER ▶ X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. G. SEEKINS Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1

(Revised 02/2003)

FE3AN042

Use

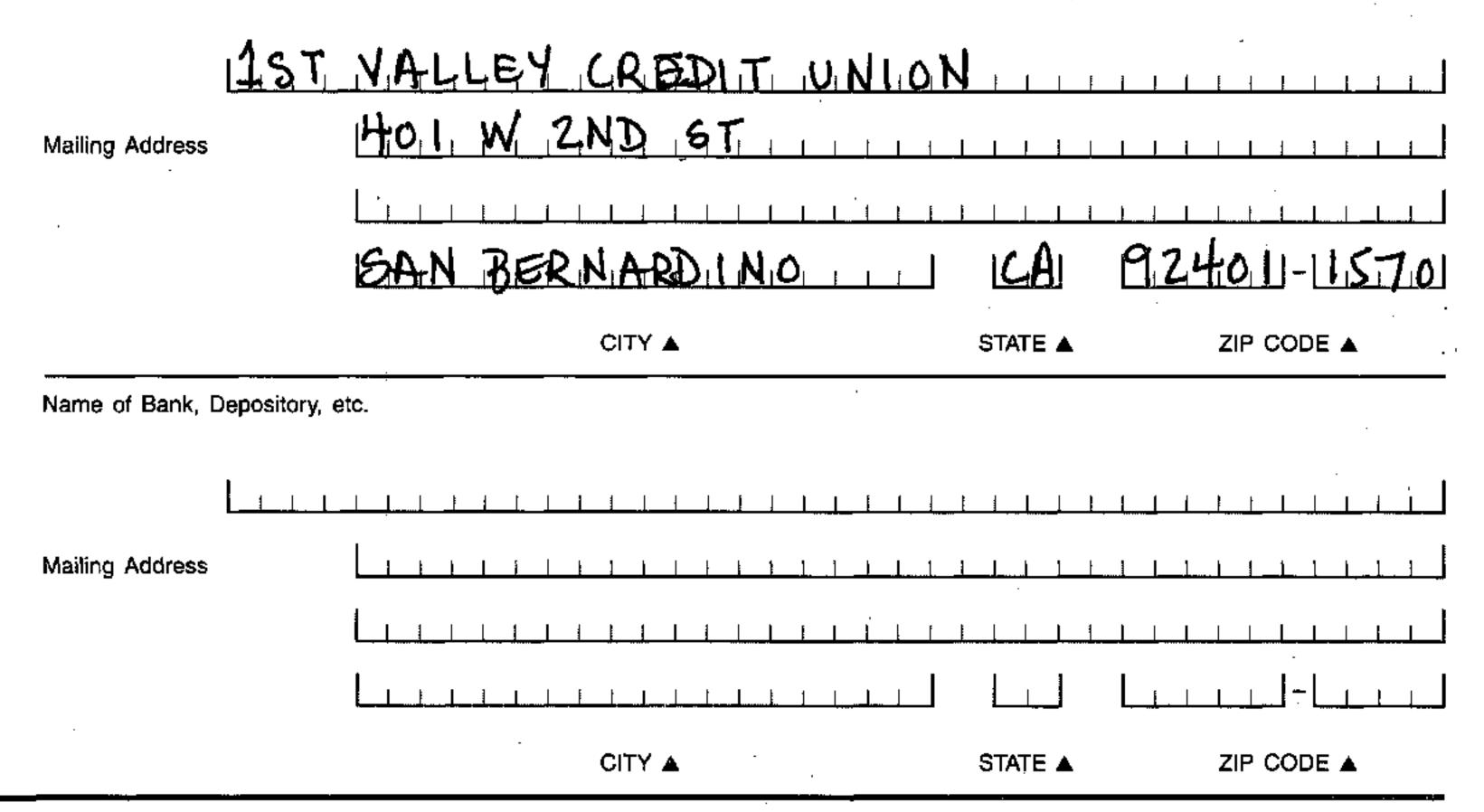
Only

FE	C Form 1 (Revised 02/2003	i)			Page 2		
5. TYPE	OF COMMITTEE (Check O	ne)					
(a)	This committee is a	principal campaign committe	ee. (Complete the candi	date information below.	`)		
(b)	This committee is an information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Candid	.	<u> </u>	<u> </u>	. <u></u>	· <u> </u>		
Candid Party A	ate Affiliation	Office Sought: Ho	ouse Senate	President	State District		
(c)	This committee supp	orts/opposes only one cand	lidate, and is NOT an a	uthorized committee.			
Name Candid		<u> </u>	<u>1 </u>				
· (d)	This committee is a	74 MS '	al, State rdinate) committee of th	ne .	(Democratic, Republican, etc.) Party.		
(e)	This committee is a	separate segregated fund.					
(f)	This committee support committee.	orts/opposes more than one	e Federal candidate, and	d is NOT a separate se	egregated fund or party		
6. Name	of Any Connected Organiz	ation or Affillated Commit	tee				
INON.				1 1 1	1 1 1 1		
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	-	<u> </u>	<u>] </u>		<u> </u>		
	•	CITY A		STATE A	ZIP CODE A		
Relatio	nship [<u>. </u>		· 			
Type o	Connected Organization:						
	Corporation	Corporation	w/o Capital Stock	Labor Organ	nization		
	Membership Organization	Trade Assoc		Cooperative			
	mombolomp Organization				:		

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Write or Type Committee Name	4	1 .					
•	htify by name, address (phone number optional) and position						
	D G SECKINS	· ···					
Mailing Address	759 S ALLEN ST						
	, 						
	SAN BERNARDING	CA 192408 -					
Title or Position▼	ÇITY ▲ S	TATE ▲ ZIP CODE ▲					
treasurer	Telephone numbe	9091-8881-0161					
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the coassistant treasurer).	ommittee; and the name and address of					
Evill Nome							
of Treasurer	D.G.SEEKINS						
Mailing Address	759 S ALLEN ST						
	SAN BERNARDINO	CA 1924081-1					
Title or Position▼	CITY A	TATE ▲ ZIP CODE ▲					
TREASURER	Telephone numbe	909-889-0161					
Full Name of Designated Agent		·					
Mailing Address							
Title or Position▼	CITY ▲ S	TATE ▲ ZIP CODE ▲					
	Telephone numbe	r [] - [

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
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Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Business	Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	ceipt or Postmarked				
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PREPARER (3/2005)	DATE PREPARED				